

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016454

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 117

VS 300
Rev. 4/59

10928

20928

3

4 0

5 1

6

7 0

8 1

94200

10

11

12 1-0

13 4-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAY 10 1962

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Charles

Length of stay in 1b

50 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Charles

c. CITY

OR TOWN

St. Charles

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1000 S. Main St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Joseph

Middle

C.

Last

Schultehenrich

4. DATE OF DEATH

Month

Day

Year

April 29, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept. 21, 1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months 6

Days 8

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipefitter

10b. KIND OF BUSINESS OR INDUSTRY

A.C.F. Ind.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

August Schultehenrich

13b. MOTHER'S MAIDEN NAME

Josephine Klaas

14. NAME OF HUSBAND OR WIFE

Dorothy Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

Mrs. Dorothy Schultehenrich, St. Charles

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Aterioclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis of liver with ascites

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-14-62, to 4-29-62 and last saw him alive on 4-2-62

Death occurred at 4:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul H. Lottner

M.D.

22b. ADDRESS

114 N. Main St., St. Chas., Mo. 5-2-62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Peter Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.C. Dallmeyer & Sons, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

5/2/62

26. REGISTRAR'S SIGNATURE

Marcella Wilson

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 11 1963

MAY 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles J. Naibe

Licensed Embalmer No. 4530

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.